PTC/SB/06 (12-04)
Approved for use through 7/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Und	PAT	ENT APPLI	HOITA	PEE DETE TEE DETE	RMINATIO	RECOR	D	mader unics	Applica	467-00	mber .
APPLICATION AS FILED - PART (COLUMN 2)							SMALL ENTITY			OTHER SMALL E	
	FOR	NUME	NUMBER FILED		NIAMBER EXTRA		5 ,	PEE (\$)		RATE (S)	FEE (\$)
BAS (37 C	C FEE FR 1.15(4), (b), or (N/A		NA					NA	
SEA	RCH FEE FR 1 18(N), 6), or (A		N/A		NA					N/A	
EXA	MINATION FEE FR 1.18(0), (P), or (N/A		N/A					N/A	
TOTAL CLAIMS (37 CFR 1 18(d))		21	21 minus 20 -		. /		=		OR	х =	
NDE	PENDENT CLA	IMS 3	3 maqua 3 •		. 0					д в	
FEE	APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each edgeonal 50 steets of faction thereof. See 35 u.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MUL	MULTIPLE DEPENDENT CLAIM PRESENT (97 CPR 1 16(1))							CPERSON VIV.		N/A	
- If ti	" If the difference in column 1 is less than zero, enter "O" in column 2.						. [TOTAL	
∀.	APPL	(Column 1) CLAIMS REMAINING AFTER	VMEND	(Column 2) HIGHEST NUMBER PREVIOUSLY	(CONUMN 2) (CONUMN 3) HIGHEST NUMBER PREVIOUSLY EXTRA		SMALL ENT(TY RATE (\$) ADDITIONAL		or]	OTHER SMALL RATE (5)	ADDI- TIONAL
AMENDMENT	Total 67 CFR 116un	AMENDMENT	Minus	PAID FOR	=0	×	┇	FEE (S)	OR.	x =	FEE (\$)
ğ	Independent CAT CATE 1.16(n))	12	Minus	-3	° 0	×	-		OR		,
E	Apprication Size Fee (37 CFR 1.16(s))										
*	FIRST PRESENTATION OF MILLTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))								OR	N/A	
						TOTAL ADO'L F	EE		OR	TOTAL ADD/L FEE	
		(Column 1)		(Column 2)	(Column 3)						
IT B		CLARMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1 18(1))	8	Minus	-21	° 0	×	=		OR	x =	
QN:	Independent (37 CPR 5.16(h))	2	Мирия	⁻ 3	-0	x	Ę.		QR	x =	
C. M.	Application Size Fee (37 CFR 1.16(s))								ł		ļ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(1))					NA			OR	N/A	ļ
,	-					TOTAL ADD'L F	EF.		OR	TOTAL ADD'L FEE	
	" If the antry in o "" If the "Highest " If the "rughest	okumn 1 /s less 0 Number Previous Number Previous	ian the enti Ny Paid For Ny Paid For	y in column 2, wit " IN THIS SPACE " IN THIS SPACE	ta "0" in column is jess than 20, is less than 3, e	3. enter "20" nter "3".					

The "righest Number Previously Paid For (Total or Independent) at the highest number found in the appropriate box in column 1.

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"If the entry in column 1 is leas than the entry in column 2 write "0" in column 3.

"If the "highest Number Previously Paid For" in ThiS SPACE is less than 20, enter "20".

"If the "highest Number Previously Paid For" in ThiS SPACE is less than 3, enter "20".

"If the "highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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